Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

REZIK A SAQER
PO BOX 19370
HOUSTON TX 77224

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-14-0358-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am appealing to the Medical Fee Dispute Resolution at this time for reimbursement of fees for our services."

Amount in Dispute: $280.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor has waived its right to dispute resolution because the filing was late."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 31, 2012	Urine Drug Screen	$280.00	$0

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, *37 Texas Register 3833*, applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for clinical laboratory services
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - CAC-W1 Workers compensation state fee schedule adjustment.
   - CAC-16 Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code)
   - CAC-97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
   - 217- The value of this procedure is included in the value of another procedure performed on this date.

- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 758 – ODG documentation requirements for urine drug testing have not been met.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891- No additional payment after reconsideration.
- 714- Accurate coding is essential for reimbursement, CPT/HCPCS incorrectly. Corrections must be submitted W/I 95 days from DOS.
- 790- This charge was reimbursed in accordance to the Texas Medical Fee Guideline.

Issue

1. Was the requestor required to file for dispute not later than one year after the service?
2. Did the requestor waive the right to medical fee dispute resolution?
3. Is reimbursement due?

Findings

1. The requestor has waived its right to DWC MDR." 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be files on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service (DOS) in dispute." The division concurs with the respondent in that the request for medical fee dispute does not involve issues identified in 28 Texas Administrative Code §133.307 (B) (i-iii). For that reason, the division concludes that the requestor was required to file for medical fee dispute resolution not later than one year after the dates of service in dispute.
2. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on September 27, 2013. Date of service August 31, 2012 was untimely based upon the medical fee dispute resolution received date of September 27, 2013. The division concludes that the provider has waived its right to medical fee dispute resolution for date August 31, 2012.
3. The requestor did not timely file the disputed date(s) of service of August 31, 2012. Therefore the requestor has waived its right to medical fee dispute resolution. No reimbursement is due.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		November 7 , 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.